



## 96TH GENERAL ASSEMBLY

### State of Illinois

2009 and 2010

HB5038

Introduced 1/25/2010, by Rep. Mary E. Flowers

#### SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11  
55 ILCS 5/5-1069.3  
65 ILCS 5/10-4-2.3  
215 ILCS 5/356z.19 new  
305 ILCS 5/5-16.8  
410 ILCS 50/2.04 from Ch. 111 1/2, par. 5402.04  
410 ILCS 50/5  
410 ILCS 50/5.1 new  
410 ILCS 50/5.2 new

Amends the State Employees Group Insurance Act of 1971, Counties Code, Illinois Municipal Code, Illinois Public Aid Code, and Illinois Insurance Code to provide that accident and health insurance policies and managed care plans shall cover all services ordered by a physician and provided in a hospital that are considered medically necessary. Amends the Medical Patient Rights Act. Includes limited health service organizations and voluntary health services plan in the definition of "insurance company". In the provision concerning statement of hospital patient's rights, provides that the statement shall include the right not to be discriminated against by the hospital due to the patient's race, color, or national origin. Sets forth provisions concerning discrimination grievance procedures and emergency room antidiscrimination notices. Effective immediately.

LRB096 17710 RPM 33074 b

1 AN ACT concerning insurance.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The State Employees Group Insurance Act of 1971  
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance  
8 Code requirements. The program of health benefits shall provide  
9 the post-mastectomy care benefits required to be covered by a  
10 policy of accident and health insurance under Section 356t of  
11 the Illinois Insurance Code. The program of health benefits  
12 shall provide the coverage required under Sections 356g,  
13 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
14 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, ~~and~~  
15 356z.13, ~~and~~ 356z.14, 356z.15 ~~and 356z.14~~, ~~and~~ 356z.17 ~~356z.15~~,  
16 and 356z.19 of the Illinois Insurance Code. The program of  
17 health benefits must comply with Section 155.37 of the Illinois  
18 Insurance Code.

19 Rulemaking authority to implement Public Act 95-1045 ~~this~~  
20 ~~amendatory Act of the 95th General Assembly~~, if any, is  
21 conditioned on the rules being adopted in accordance with all  
22 provisions of the Illinois Administrative Procedure Act and all  
23 rules and procedures of the Joint Committee on Administrative

1 Rules; any purported rule not so adopted, for whatever reason,  
2 is unauthorized.

3 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
4 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.  
5 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; 95-1044,  
6 eff. 3-26-09; 95-1045, eff. 3-27-09; 95-1049, eff. 1-1-10;  
7 96-139, eff. 1-1-10; 96-328, eff. 8-11-09; 96-639, eff. 1-1-10;  
8 revised 10-22-09.)

9 Section 10. The Counties Code is amended by changing  
10 Section 5-1069.3 as follows:

11 (55 ILCS 5/5-1069.3)

12 Sec. 5-1069.3. Required health benefits. If a county,  
13 including a home rule county, is a self-insurer for purposes of  
14 providing health insurance coverage for its employees, the  
15 coverage shall include coverage for the post-mastectomy care  
16 benefits required to be covered by a policy of accident and  
17 health insurance under Section 356t and the coverage required  
18 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,  
19 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, ~~and~~  
20 356z.13, ~~and~~ 356z.14, ~~and~~ 356z.15 ~~356z.14~~, and 356z.19 of the  
21 Illinois Insurance Code. The requirement that health benefits  
22 be covered as provided in this Section is an exclusive power  
23 and function of the State and is a denial and limitation under  
24 Article VII, Section 6, subsection (h) of the Illinois

1 Constitution. A home rule county to which this Section applies  
2 must comply with every provision of this Section.

3 Rulemaking authority to implement Public Act 95-1045 ~~this~~  
4 ~~amendatory Act of the 95th General Assembly~~, if any, is  
5 conditioned on the rules being adopted in accordance with all  
6 provisions of the Illinois Administrative Procedure Act and all  
7 rules and procedures of the Joint Committee on Administrative  
8 Rules; any purported rule not so adopted, for whatever reason,  
9 is unauthorized.

10 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
11 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.  
12 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; 95-1045,  
13 eff. 3-27-09; 95-1049, eff. 1-1-10; 96-139, eff. 1-1-10;  
14 96-328, eff. 8-11-09; revised 10-22-09.)

15 Section 15. The Illinois Municipal Code is amended by  
16 changing Section 10-4-2.3 as follows:

17 (65 ILCS 5/10-4-2.3)

18 Sec. 10-4-2.3. Required health benefits. If a  
19 municipality, including a home rule municipality, is a  
20 self-insurer for purposes of providing health insurance  
21 coverage for its employees, the coverage shall include coverage  
22 for the post-mastectomy care benefits required to be covered by  
23 a policy of accident and health insurance under Section 356t  
24 and the coverage required under Sections 356g, 356g.5,

1 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,  
2 356z.11, 356z.12, ~~and~~ 356z.13, ~~and~~ 356z.14, ~~and~~ 356z.15  
3 ~~356z.14,~~ and 356z.19 of the Illinois Insurance Code. The  
4 requirement that health benefits be covered as provided in this  
5 is an exclusive power and function of the State and is a denial  
6 and limitation under Article VII, Section 6, subsection (h) of  
7 the Illinois Constitution. A home rule municipality to which  
8 this Section applies must comply with every provision of this  
9 Section.

10 Rulemaking authority to implement Public Act 95-1045 ~~this~~  
11 ~~amendatory Act of the 95th General Assembly,~~ if any, is  
12 conditioned on the rules being adopted in accordance with all  
13 provisions of the Illinois Administrative Procedure Act and all  
14 rules and procedures of the Joint Committee on Administrative  
15 Rules; any purported rule not so adopted, for whatever reason,  
16 is unauthorized.

17 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
18 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.  
19 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; 95-1045,  
20 eff. 3-27-09; 95-1049, eff. 1-1-10; 96-139, eff. 1-1-10;  
21 96-328, eff. 8-11-09; revised 10-23-09.)

22 Section 20. The Illinois Insurance Code is amended by  
23 adding Section 356z.19 as follows:

24 (215 ILCS 5/356z.19 new)

1       Sec. 356z.19. Hospital patient assessments. A group or  
2       individual policy of accident and health insurance or managed  
3       care plan amended, delivered, issued, or renewed after the  
4       effective date of this amendatory Act of the 96th General  
5       Assembly that provides coverage for hospital care shall include  
6       in that coverage all services ordered by a physician and  
7       provided in the hospital that are considered medically  
8       necessary for the evaluation, assessment, and diagnosis of the  
9       illness or condition that resulted in the hospital stay of the  
10       enrollee or recipient. The services are subject to reasonable  
11       review and utilization standards required by the policy or plan  
12       for all hospital services, as defined by the Department or its  
13       successor agency.

14       Section 25. The Illinois Public Aid Code is amended by  
15       changing Section 5-16.8 as follows:

16             (305 ILCS 5/5-16.8)

17       Sec. 5-16.8. Required health benefits. The medical  
18       assistance program shall (i) provide the post-mastectomy care  
19       benefits required to be covered by a policy of accident and  
20       health insurance under Section 356t and the coverage required  
21       under Sections 356g.5, 356u, 356w, 356x, ~~and~~ 356z.6, and  
22       356z.19 of the Illinois Insurance Code and (ii) be subject to  
23       the provisions of Section 364.01 of the Illinois Insurance  
24       Code.

1 (Source: P.A. 95-189, eff. 8-16-07; 95-331, eff. 8-21-07.)

2 Section 30. The Medical Patient Rights Act is amended by  
3 changing Sections 2.04 and 5 and adding Sections 5.1 and 5.2 as  
4 follows:

5 (410 ILCS 50/2.04) (from Ch. 111 1/2, par. 5402.04)

6 Sec. 2.04. "Insurance company" means (1) an insurance  
7 company, fraternal benefit society, and any other insurer  
8 subject to regulation under the Illinois Insurance Code; or (2)  
9 a health maintenance organization, a limited health service  
10 organization under the Limited Health Service Organization  
11 Act, or a voluntary health services plan under the Voluntary  
12 Health Services Plans Act.

13 (Source: P.A. 85-677; 85-679.)

14 (410 ILCS 50/5)

15 Sec. 5. Statement of hospital patient's rights.

16 (a) Each patient admitted to a hospital, and the guardian  
17 or authorized representative or parent of a minor patient,  
18 shall be given a written statement of all the rights enumerated  
19 in this Act, or a similar statement of patients' rights  
20 required of the hospital by the Joint Commission on  
21 Accreditation of Healthcare Organizations or a similar  
22 accrediting organization. The statement shall be given at the  
23 time of admission or as soon thereafter as the condition of the

1 patient permits.

2 (b) If a patient is unable to read the written statement, a  
3 hospital shall make a reasonable effort to provide it to the  
4 guardian or authorized representative of the patient.

5 (c) The statement shall also include the right not to be  
6 discriminated against by the hospital due to the patient's  
7 race, color, or national origin where such characteristics are  
8 not relevant to the patient's medical diagnosis and treatment.  
9 The statement shall further provide each admitted patient or  
10 the patient's representative or guardian with notice of how to  
11 initiate a grievance regarding improper discrimination with  
12 the hospital and how the patient may lodge a grievance with the  
13 Department of Public Health regardless of whether the patient  
14 has first used the hospital's grievance process.

15 (Source: P.A. 88-56; 88-670, eff. 12-2-94.)

16 (410 ILCS 50/5.1 new)

17 Sec. 5.1. Discrimination grievance procedures. Upon  
18 receipt of a grievance alleging unlawful discrimination on the  
19 basis of race, color, or national origin, the hospital must  
20 investigate the claim and work with the patient to address  
21 valid or proven concerns in accordance with the hospital's  
22 grievance process. At the conclusion of the hospital's  
23 grievance process, the hospital shall inform the patient that  
24 such grievances may be reported to the Department of Public  
25 Health if not resolved to the patient's satisfaction at the

1 hospital level.

2 (410 ILCS 50/5.2 new)

3 Sec. 5.2. Emergency room antidiscrimination notice. Every  
4 hospital shall post a sign next to or in close proximity of its  
5 sign required by Section 489.20 (q) (1) of Title 42 of the Code  
6 of Federal Regulations stating the following:

7 "You have the right not to be discriminated against by  
8 the hospital due to your race, color, or national origin if  
9 these characteristics are unrelated to your diagnosis or  
10 treatment. If you believe this right has been violated,  
11 please call (insert number for hospital grievance  
12 officer).".

13 Section 99. Effective date. This Act takes effect upon  
14 becoming law.